

# CORRECTIVE ACTION PROGRESS REPORT



FACILITY NAME: \_\_\_\_\_ FACILITY I.D. NUMBER \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, COUNTY, ZIP: \_\_\_\_\_  
IDEM PROJECT MANAGER: \_\_\_\_\_  
INCIDENT NUMBER: \_\_\_\_\_

CONSULTANT COMPANY: \_\_\_\_\_  
CONSULTANT NAME AND SIGNATURE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: (\_\_\_\_) \_\_\_\_\_

## SITE INFORMATION

CONTAMINANT(S):  
☐ GASOLINE ☐ KEROSENE ☐ JET FUEL ☐ DIESEL ☐ WASTE OIL  
☐ VIRGIN OIL ☐ NAPHTHA ☐ HAZARDOUS and CAS # \_\_\_\_\_

SELECTED CORRECTIVE ACTION FOR: ☐ SOIL ☐ GROUNDWATER  
☐ VAPOR EXTRACTION ☐ LAND FARM ☐ PUMP AND TREAT  
☐ AIRSPARGING ☐ BIOREMEDIATION ☐ OTHER \_\_\_\_\_

## VOLUME TREATED

	Current Quarter		Cumulative Annual Total
Free Product	_____	gallons	_____ gallons
Groundwater	_____	gallons	_____ gallons
Treated Soil	_____	cubic yards	_____ cubic yards
Soils to Landfill	_____	cubic yards	_____ cubic yards
Est. lbs. of Voc's	_____	pounds	_____ pounds

## CONTAMINATION CONCENTRATION MONITORING

Please fill in the lettered rows with the appropriate petroleum or hazardous constituents. Indicate Sample I.D. rows with the abbreviations for Monitoring Well as MW-# and Soil Boring as SB-#. Of the entire sampling mission, please submit only the three highest contaminant levels. The additional sampling information may be requested.

SOIL:

Sample I.D.	units	A	B	C	D
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

GROUNDWATER:

Sample I.D.	units	A	B	C	D
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

## SUBMITTAL DEADLINES

CURRENT REPORTING TYPE: ☐ QUARTER ☐ FINAL  
TODAY'S DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

### REPORTING PERIOD

- ☐ August 16th-November 15th  
☐ November 16th-February 15th  
☐ February 16th-May 15th  
☐ May 16th-August 15th

### DUE DATE

December 15th  
March 15th  
June 15th  
September 15th

## FOR OFFICE USE ONLY